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**COMBINED DECLARATION AND POWER OF ATTORNEY**  
**(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,**  
**CONTINUATION, OR C-I-P)**

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As a below named inventor, I hereby declare that:

**TYPE OF DECLARATION**

This declaration is for the following type of application:

- |                                     |                       |
|-------------------------------------|-----------------------|
| <input checked="" type="checkbox"/> | Original              |
| <input type="checkbox"/>            | Design                |
| <input type="checkbox"/>            | National Stage of PCT |
| <input type="checkbox"/>            | Supplemental          |
| <input type="checkbox"/>            | Divisional            |
| <input type="checkbox"/>            | Continuation          |
| <input type="checkbox"/>            | C-I-P                 |

**INVENTORSHIP IDENTIFICATION**

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am the original, first and sole inventor of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

SYSTEM AND METHOD FOR MONITORING A SECURITY OF AN ASSET

**SPECIFICATION IDENTIFICATION**

<input checked="" type="checkbox"/>	The specification is attached hereto.
<input type="checkbox"/>	The specification was filed on [date] as Application No. .
<input type="checkbox"/>	The specification was described and claimed in PCT International Application No. filed on .

**ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR**

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, Section 1.56.

## POWER OF ATTORNEY

I hereby appoint the practitioners associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

**CUSTOMER NO. 24283**

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**SEND CORRESPONDENCE TO:**  
**CUSTOMER NO. 24283**

**DIRECT TELEPHONE CALLS TO:**  
Name: Carl A. Forest  
Phone: (303) 894-6114

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## DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

## SIGNATURE(S)

Gregory E. Webb, Sr.  
**Inventor's signature**

**Date** 8/11/2003

**Residence** Arlington Heights, Illinois

**Post Office Address** 304 East Fairview Street, Arlington Heights, IL 60005

  
**Country of Citizenship** USA